

Fill in this information to identify the case:

Debtor 1 Shawn Eugene Anderson

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN District of PENNSYLVANIA
(State)

Case number 18-20952-GLT

Official Form 410S2

Notice of Postpetition Mortgage Fees, Expenses, and Charges 12/16

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: U.S. Bank Trust National Association, Not In Its Individual Capacity, But Solely As Trustee Of LSF8 Master Participation Trust Court claim no. (if known) 9

Last four digits of any number you use to identify the debtor's account: XXXXXX9223

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

☐ No

☒ Yes. Date of the last notice: July 26, 2021

Part 1: Itemize Postpetition Fees, Expenses, and Charges

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates incurred	Amount
1. Late charges		(1) \$ 0.00
2. Non-sufficient funds (NSF) fees		(2) \$ 0.00
3. Attorney fees		(3) \$ 0.00
4. Filing fees and court costs		(4) \$ 0.00
5. Bankruptcy/Proof of claim fees		(5) \$ 0.00
6. Appraisal/Broker's price opinion fees		(6) \$ 0.00
7. Property inspection fees		(7) \$ 0.00
8. Tax advances (non-escrow)		(8) \$ 0.00
9. Insurance advances (non-escrow)	<u>3/24/2022,</u>	(9) \$ 424.00
10. Property preservation expenses. Specify: _____		(10) \$ 0.00

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

If the court has previously approved an amount, indicate that approval in parentheses after the date the amount was incurred.

Debtor 1 Shawn Eugene Anderson
First Name Middle Name Last Name

Case number (if known) 18-20952-GLT

Part 2: Sign Here

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number if different from the notice address listed on the proof of claim to which this Supplement applies.

Check the appropriate box.

☐ I am the creditor.

☒ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this Notice is true and correct to the best of my knowledge, information, and reasonable belief.

X /s/Lindsey Morales
Signature

Date 04/27/2022

Print: Lindsey Morales
First Name Middle Name Last Name

Title Authorized Agent

Company McCalla Raymer Le bert Pierce, LLC

Address 1544 Old Alabama Road
Number Street
Roswell GA 30076
City State ZIP Code

Contact phone 702-906-0053

Email Lindsey.Morales@mccalla.com

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In re:

Shawn Eugene Anderson

)
) **Case No.** 18-20952-GLT
) **Chapter** 13
)
) **JUDGE:** Gregory L. Taddonio

EXHIBIT B

ITEMIZATION OF CLAIM

Insurance Advances (non-Escrow) \$424.00

03/24/2022	Homeowner's Insurance Advanced	\$424.00
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• **TOTAL POSTPETITION FEES, EXPENSES, AND CHARGES: \$424.00**

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322 (b)(5) and Bankruptcy Rule 3002.1

In Re: Shawn Eugene Anderson

Bankruptcy Case No.: 18-20952-GLT
Chapter: 13
Judge: Gregory L. Taddonio

CERTIFICATE OF SERVICE

I, Lindsey Morales, of McCalla Raymer Leibert Pierce, LLC, 1544 Old Alabama Road, Roswell, GA 30076, certify:

That I am, and at all times hereinafter mentioned, was more than 18 years of age;

That on the date below, I caused to be served a copy of the within NOTICE OF POSTPETITION MORTGAGE FEES, EXPENSES, AND CHARGES filed in this bankruptcy matter on the following parties at the addresses shown, by regular United States Mail, with proper postage affixed, unless another manner of service is expressly indicated:

Shawn Eugene Anderson
1015 Rebecca Street
New Castle, PA 16101

William S. Creighton
Neighborhood Legal Services Association
125 East North Street
Temple Building, Suite 329
New Castle, PA 16101

(served via ECF Notification)

Ronda J. Winnecour, Trustee
Suite 3250, USX Tower
600 Grant Street
Pittsburgh, PA 15219

(served via ECF Notification)

Office of the United States Trustee
Liberty Center.
1001 Liberty Avenue, Suite 970
Pittsburgh, PA 15222

(served via ECF Notification)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on: 04/27/2022 By: /s/Lindsey Morales
(date) Lindsey Morales
Authorized Agent for U.S. Bank Trust National Association,
Not In Its Individual Capacity, But Solely As Trustee Of
LSF8 Master Participation Trust



Date: March 30, 2022

RICHARD C ANDERSON
CANDACE L ANDERSON
928 PENNA VENUE
PITTSBURGH, PA 15222

Loan #: [REDACTED]
Policy #: [REDACTED]

Property: 1015 REBECCA ST
NEW CASTLE, PA 16101

Dear RICHARD C ANDERSON:

Enclosed is a renewal of your lender placed hazard insurance policy, we obtained on your behalf. Your loan agreement requires you to maintain a hazard insurance policy covering your home that is in effect at all times. As you still have not provided us with proof of acceptable coverage, we have again purchased insurance on your property. The enclosed renewal policy's annual premium of \$424.00 has been billed to an impound/escrow account established for your loan. The policy will have a deductible (the amount of loss you would have to pay per policy claim) in the amount shown on the policy. Please read the policy carefully to make sure you understand its terms and conditions.

We strongly recommend that you obtain your own insurance coverage. The renewal insurance policy we purchased will remain in effect until you provide us with evidence of acceptable coverage, at which time the policy we obtained will be cancelled and you will receive a refund of any unearned premium, as calculated by the insurance company. Please note that you may cancel this coverage at any time by providing us with evidence of other acceptable coverage; however, if the effective date of your acceptable coverage is after the effective date of the enclosed renewal policy, you will be charged for the number of days that coverage was provided under the renewal policy.

Please read the important information and instructions contained in this letter:

- The cost of the hazard insurance we obtained is likely much higher than insurance you can obtain on your own. The higher cost is because the insurance we purchase is issued automatically without evaluating the risk of insuring your property. When comparing premiums, remember that our policy provides very limited coverage as indicated below.
- The hazard insurance we obtained may provide benefits to you, but is primarily for the benefit of the person or company who presently owns your mortgage loan. If you incur property damage or loss, you may not have adequate coverage for any damages that you suffer because the person or company that owns your loan will be paid first.
- The hazard insurance we obtained only covers the structure of your home (for example, the building, walls, floors, roof and permanent attachments).
 - It does not cover your furniture or any of your other personal belongings.
 - It does not cover the cost of temporarily living outside of your home because it was damaged and is being repaired.
 - It does not cover any liability incurred personally to someone who is injured while on your property.

[REDACTED]

- The hazard insurance we obtained does not cover any amounts you feel your home is worth in excess of the last amount of dwelling coverage that you obtained and we entered on our records. If we did not know the last amount of insurance coverage you had, we purchased coverage in the amount of the unpaid principal balance of your loan on the date we requested the insurance coverage to begin. Although such coverage does not meet our property insurance requirements, we purchased it in the absence of information that would allow for acceptable coverage for your property. If you believe that the amount of coverage shown in the enclosed policy does not accurately represent the value of the home, please call our Insurance Center at 1-800-495-7166, 8:00 AM to 7:00 PM Monday - Thursday, 8:00 AM to 5:00 PM Friday, & 9:00 AM to 12:00 PM Saturday Central Time.
- The hazard insurance we purchase will be effective beginning on the date that your previous acceptable insurance expired or was cancelled (regardless of whether or not your policy provided insurance coverage to the owner of your mortgage loan after that date). Insurance that protects only the owner of your loan after your policy expiration or cancellation date is limited insurance that is not acceptable insurance coverage to us, and will be superseded by the acceptable hazard insurance policy we purchase.

We urge you to contact an agent of your choice to obtain insurance at a more competitive price. If you have already ordered other insurance acceptable to us, please instruct your agent or insurance carrier to forward evidence of coverage with a Lenders Loss Payable endorsement in favor of:

**FAY SERVICING LLC
ISAOA/ATIMA
P.O. BOX 3644
SPRINGFIELD, OH 45501-3644**

Or Fax To: 1-937-525-8914

You may also update your coverage directly to our Website at www.mycoverageinfo.com/fayservicing. Upon receipt of evidence of acceptable continuing or renewed insurance coverage, we will cancel the policy we obtained. For any period of time during which your policy was not in effect, you will be charged for the lapse in coverage. Please refer any questions relative to this matter to our Insurance Center at 1-800-495-7166, 8:00 AM to 7:00 PM Monday - Thursday, 8:00 AM to 5:00 PM Friday, & 9:00 AM to 12:00 PM Saturday Central Time.

Sincerely,

Insurance Center

Fay Servicing is a debt collector, and information you provide to us will be used for that purpose. To the extent your original obligation was discharged, or is subject to an automatic stay under the United States Bankruptcy Code, this is being provided for informational purposes only and does not constitute an attempt to collect a debt or impose personal liability. Our office hours are 8:00 AM to 7:00 PM Monday - Thursday, 8:00 AM to 5:00 PM Friday, & 9:00 AM to 12:00 PM Saturday Central Time. Call today: 1-800-495-7166. NMLS ID# 88244.

DECLARATIONS

AMERICAN SECURITY INSURANCE COMPANY

PO BOX 50355, ATLANTA, GA 30302

A Stock Insurance Company

CERTIFICATE NUMBER: [REDACTED]

CERTIFICATE PERIOD:

EFFECTIVE DATE	EFFECTIVE TIME	EXPIRATION DATE
03/19/2022	12:01 am	03/19/2023

Issued under the provisions of
Master Policy No.: [REDACTED]

NAMED INSURED and Mailing Address:

FAY SERVICING LLC
ISAOA/ATIMA
P.O. BOX 3644
SPRINGFIELD, OH 45501-3644

For Company Use:

Basis:
Territory: 0001
Class:
Other: FIR SFD [REDACTED]

DESCRIBED LOCATION. The property covered by this Certificate is at the described location unless otherwise stated:

1015 REBECCA ST
NEW CASTLE, PA 16101

COVERAGE AND LIMITS OF LIABILITY - Coverage is provided only where a premium is shown for the coverage, subject to all conditions of this Certificate.

RESIDENTIAL PROPERTY:

<u>LIMIT OF LIABILITY</u>		<u>DEDUCTIBLES</u>	<u>PREMIUM</u>
Coverage A - \$32,837	All Perils:	\$1,000	\$424.00
Coverage B - 10% of Coverage A			

TOTAL PREMIUM \$424.00

COMMERCIAL PROPERTY:

<u>LIMIT OF LIABILITY</u>		<u>DEDUCTIBLES</u>	<u>PREMIUM</u>
Building -	All Perils:		

TOTAL PREMIUM

Optional Coverages, Assessments, Surcharges, Taxes, Fees (if applicable):

TOTAL AMOUNT \$424.00

FORMS AND ENDORSEMENTS which are made a part of this Certificate at the time of issuance:

MIP 223 AS (01-12), MIP 233 (01-12), MIP 243 PA (03-12), MIP 219 (02-20), MIP 239 PA (03-12)

BORROWER - Name and address:

RICHARD C ANDERSON
CANDACE L ANDERSON
928 PENNA VENUE
PITTSBURGH, PA 15222

Loan No.: [REDACTED]

CLAIMS: 1-800-652-1262

Issue Date: 03/30/2022

ALL OTHER INQUIRIES:

1-800-495-7166

Countersignature (where required)

PAYEE NAME ASSURANT SPECIALTY

CHECK-NUMBER : [REDACTED]

& ADDRESS LP POL LOCKBOX 97-2442

MICR CHECK-NUMBER : [REDACTED]

14800 FRYE ROAD

FORT WORTH TX 76155

PAYEE CODE: ASPOL

BATCH:923

PAGE 12 OF 40

LOAN-NO SHORT-NAME DESCRIPTION TRAN DATE AMOUNT
INIT NAME CODE DUE
PROPERTY ADDRESS -----

[REDACTED] RC ANDERSON [REDACTED] 351 03-22 424.00

1015 REBECCA ST NEW CASTLE PA 16101

[REDACTED] FAY SERVICING, LLC 03/24/22

MACHINE DISBURSEMENT CHECK VOUCHER